

(Please Print or Type)

# RENTAL CAR AGENT Insurance License Application

**Insurance Commissioner State of Washington**

**Physical Address:** 5000 Capitol Boulevard, Tumwater WA 98501

**US Postal Address:** P O Box 40257 Olympia, WA 98504-0257

**Phone:** 360 725-7144

<b>① Business Entity Name</b>						<b>② FEIN</b> -	
<b>③ Legal Business Type: (Circle one)</b> <b>F-Firm</b> <b>P – Partnership</b> <b>S – Sole Proprietorship</b>  <b>C – Corporation</b> <b>LLC – Limited Liability Company</b> <b>LLP – Limited Liability Partnership</b>							
<b>④ DBA (assumed name), if applicable</b>				<b>⑤ If the license is to be issued to F, P, S or DBA, has the name been registered with the Dept. of Licensing in the State of Washington?</b> [ ] Yes [ ] No			
<b>⑥ Incorporation/Formation Date (C, LLC, LLP) (month) ____ (day) ____ (year) ____</b>							
<b>⑦ Primary Business Address</b>				<b>⑧ City</b>		<b>⑨ State</b>	<b>⑩ Zip</b>
<b>⑪ Phone Number</b> ( ) -		<b>⑫ Fax Number</b> ( ) -		<b>⑬ Business Web Site Address</b>		<b>⑭ Business E-Mail Address</b>	
<b>⑮ Primary Mailing Address</b>				<b>⑯ P.O. Box</b>		<b>⑰ City</b>	<b>⑱ State</b> <b>⑲ Zip</b>

## Background Information

21 Please read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? Yes \_\_\_ No \_\_\_

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a written statement explaining the circumstances of each incident,
- a certified copy of the charging document, and
- a certified copy of the official document which demonstrates the resolution of the charges or any final judgment

2. Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes \_\_\_ No \_\_\_

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a written statement identifying the type of license and explaining the circumstances of each incident,
- a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes \_\_\_ No \_\_\_

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes \_\_\_\_ No \_\_\_\_
5. Has the business entity or any owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes \_\_\_\_ No \_\_\_\_

### Applicants Certification and Attestation

22 The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity to civil or criminal penalties.
2. The business entity grants permission to the Commissioner in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
3. I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
4. I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.

**Must be signed by an officer, director, principal or partner of the business entity:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Month                      Day                      Year

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title

### Attachments

23 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. Stamped approved copy of Articles of Incorporation or Formation **or** registration with Dept. of Licensing if a sole proprietorship or partnership.
2. A Certificate of Good Standing from the Secretary of State of Washington if entity is corporation or limited liability company or partnership.
3. Certification (RCA 1) completed by the insurer that is appointing the rental car agent, stating that the insurer has satisfied itself that the named applicant is trustworthy and competent to act as its rental car agent, limited to this purpose; and the insurer has reviewed the endorsee training and education program required by RCW 48.115.020(4) and believes that it satisfies the statutory requirements
4. List of all location in Washington (RCA 2) that the car rental agent intends to offer rental car insurance; identifying the manager or direct supervisor at each location and listing of all endorsees located at each location. Also certifying that no person other than an endorsee offers, sells, or solicits rental car insurance on its behalf or while working as an employee or agent of the rental car agent; and all endorsees have completed the training and education program. This form is to be signed by an officer of the rental car agent.
5. An appointment, INS-18, as an agent completed by each authorized insurer(s) authorizing the applicant to represent the insurer
6. Written consent (RCA 3) of the insurer signed by an officer of the insurer, that premiums need not be segregated from other funds received by the vendor and the charges for rental car insurance coverage are itemized and ancillary to a rental transaction. (If applicable)
7. Copies of the training and education program and materials as described in RCW 48.115.020(4).
8. The brochure or other written materials regarding the program that will be available at every location where car rental insurance is sold as describe in WAC 284-17B-060.
9. The insurer must certify that the policy or certificate of coverage and the rates have been approved and that the wording on the written material is exactly as approved